

valid OMB control number.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	158016
- 1	OMD ADDDOVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

L								
	SEC	USE ON	ILY_					
	Prefix		Serial					
	DATE RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate Limited partnership interests in COREplus Private Equity Partners, L.P.	e change.)	REODSEC						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S	ection 4(6) ULOE							
Type of Filing: ☐ New Filing ☑ Amendment  A. BASIC IDENTIFIC	ATION DATA	SEP 2 0 2000						
1. Enter the information requested about the issuer	ATION DATA	2002						
Name of Issuer ( check if this is an amendment and name has changed, and indicate of COREplus Private Equity Partners, L.P.	hange.)	7000						
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960 Chicago, IL 60606	Telephone Number (includin (312) 279-9300							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Telephone Number (including Area Code)								
Brief Description of Business Private investment fund.								
Type of Business Organization  □ corporation								
☐ business trust ☐ limited partnership, to be formed	other (please specify):	PROCESSED						
Actual or Estimated Date of Incorporation or Organization:  Month Year  1 0 0 0	☐ Actual ☐ Estimated	- AFD 9 C 9000						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreaches)  CN for Canada; FN for other for		P SEP 2 6 2002						
GENERAL INSTRUCTIONS	Organisation)							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.								
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.								
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.								
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.								
Filing Fee: There is no federal filing fee.								
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.								
ATTENTIO	ON							
Failure to file notice in the appropriate states will not result in a loss of the federal will not result in a loss of an available state exemption unless such exemption is pre								

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently

SEC 1972 (5/91) 1 of 8



## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Χ Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) COREplus GP Investors, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Phillips, Donald W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, 1L 60606 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Podjasek, John F., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Oberholtzer, Gregory S. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, IL 60606 Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Thompson, L.B. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, IL 60606 Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Trainor, Sharon M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WestLB Asset Management (USA), L.L.C., 10 South Wacker Drive, Suite 2960, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Northrop Grumman Pension Master Trust Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

State Treasurer of the State of Michigan, Custodian of the Public School Employees' Retirement System, State Employees' Retirement

☐ Executive Officer

□ Director

☐ General and/or Managing Partner

One Enterprise Drive, Quincy, MA 02171

Full Name (Last name first, if individual)

System, and Michigan State Police Retirement System

2501 Coolidge Road, Suite 400, East Lansing, MI 48823

Business or Residence Address (Number and Street, City, State, Zip Code)

☐Promoter ☐ Beneficial Owner

Check Box(es) that Apply:

									**		<del></del>	***************************************	<del></del>	*
		<del></del>			B. INFO	RMATIC	ON ABOL	T OFFEI	RING					
1. Has	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes □	No ⊠					
					Answer als	o in <b>Appe</b> n	dix, Colum	n 2, if filing	under ULC	DE.				
2. Wh	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									\$ N/A				
	$\cdot$									NI-				
3. Dos	3. Does the offering permit joint ownership of a single unit?							********	Yes	No ⊠				
rem pers five only	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	(Last name f	irst, if indiv	idual)		_									
N/A														
Business o	r Residence A	Address (Nu	mber and S	treet, City,	State, Zip (	Code)								
	ssociated Bro					<del></del>								
											· ·			
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers								
(Che	ck "All States	" or check i	ndividual S	tates)					•••••		All States			
[AL] [IL] [MT] [RI]	[IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name	(Last name f	irst, if indiv	idual)											
Business o	r Residence A	Address (Nu	mber and S	treet, City,	State, Zip (	Code)								
Name of A	ssociated Bro	ker or Deal	er										<u> </u>	<del></del>
States in W	hich Person	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers				<del></del>				
(Check "A	ll States" or c	heck individ	iual States)								All States			
(AL) [IL] [MT] [RI] Full Name	[AK] [IN] [NE] [SC] (Last name fi	[AZ] [IA] [NV] [SD] rst, if indivi	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ducinece o	r Residence A	ddrass Olu	mbar and S	troot City	State 7in (	'oda)	<del> </del>				<del></del>			
			***	ireet, City,	State, Zip C					·				
Name of A	ssociated Bro	ker or Deal	er											
States in W	hich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers	······································	<del>,,</del>						
(Check "Al	l States" or cl	heck individ	lual States)	•••••	•		•••••				All States			
[AL] (IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗌 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Type of Security Price Sold Debt ..... \$ \$ \$ Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ Partnership Interests \$ Other (Specify Limited Partnership Interests ) \$ 500,000,000 \$ 185,500,000 \$ 185,500,000 Total \$ 500,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases Accredited Investors \$ 185,500,000 s Non-accredited Investors... \$ Total (for filings under Rule 504 only).... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 \$ Regulation A \$ Rule 504..... \$ \$ Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \$ Legal Fees .....  $\boxtimes$ \$ 450,000 Accounting Fees \$ Engineering Fees \$ Sales Commissions (specify finders' fees separately) \$ ..... Other Expenses (identify) П \$ Total ..... Ø \$ 450,000

	C. OFFERING PRICE	E, NUMBER OF INVES	TORS, EXPENSES AND USE OF	PROCEEDS					
4.	b. Enter the difference between the aggregate offeri expenses furnished in response to Part C - Question issuer."				\$ 499,550,000				
5.	Indicate below the amount of the adjusted gross prothe purposes shown. If the amount for any purpose left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b. above.	is not known, furnish an e	stimate and check the box to the						
				Payments to Officers, Directors, & Affiliates	Payments To Others				
	Salaries and fees			\$	□s				
	Purchase of real estate			□ \$	□ \$				
	Purchase, rental or leasing and installation of machin	nery and equipment		<u></u> \$	□ \$				
	Construction or leasing of plant buildings and facilit	ties		s	□ \$				
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)	□ \$	□ \$						
	Repayment of indebtedness			□ \$	□ \$				
	Working capital			□ <b>s</b>	⊠ \$ 499,550,000				
	Other (specify):			□ \$	□ <b>\$</b>				
	Column Totals			□ \$	⊠ \$ 499,550,000				
	Total Payments Listed (column totals added)			⊠ \$ 499,	550,000				
	D. FEDERAL SIGNATURE								
he i	ssuer has duly caused this notice to be signed by the			er Rule 505, the followin	g signature constitutes				
n ur	dertaking by the issuer to furnish to the U.S. Securition in the U.S. Securition is ceredited investor pursuant to paragraph (b)(2) of Ru	es and Exchange Commis							
	ner (Print or Type) REplus Private Equity Partners, L.P.	Signature	Date Sep	Vember 17, 21	002				
	nald W. Phillips	Title of Signer (Print or Ty Managing Member of Co L.L.C., General Partner	OREplus MMGP, L.L.C., the Mai	naging Member of COF	Eplus GP Investors,				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION